

# REQUEST FOR AUTHORIZATION FOR TRANSITION MEETING/ TRANSITION CHECKLIST



The State of Indiana requires all children exiting First Steps to have a 90-180 day Transition Meeting. The purpose of this meeting is to discuss and plan for the child's next placement/options. When developing this plan it is important to involve the current team of providers as well as potential providers or agency representatives. This meeting should include discussion around equipment needs, therapy needs, future placement options, summer options, enrollment criteria, eligibility criteria, timelines, and any necessary information.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Transition Meeting: \_\_\_\_\_

Provider	Agency	Discipline/ Specialty	Time Needed	Location	Authorization Number
				Off Site On Site	
				Off Site On Site	
				Off Site On Site	
				Off Site On Site	
				Off Site On Site	

\_\_\_\_\_  
(Service Coordinator Signature)

\_\_\_\_\_  
(Date)

**You must include each of the items listed below in order for the SPOE to generate your transition meeting billing authorization. Incomplete forms will be returned.**

**Date Completed:**

\_\_\_\_\_ Request for Authorization Form / Transition Checklist

\_\_\_\_\_ 18 Month Notice to Local Education Agency (LEA)

\_\_\_\_\_ 18 Month Reciprocal Release

\_\_\_\_\_ 30 Month Notice to Local Education Agency (LEA)

\_\_\_\_\_ 30 Month Reciprocal Release

\_\_\_\_\_ Transition Meeting Notification (Written Prior Notice)

\_\_\_\_\_ Individualized Family Transition Plan

\_\_\_\_\_ Transition Meeting Minutes